



\* Please reference attached complaints  
for a more detailed explanation starting  
on: 11-1-11

4-24-12

EEOC No:

5-31-12

26 G 201201173C

7-4-12

EEO Case # 20120120197

\* Also attached.

\* Termination Papers

\* Cell Phone Records

\* HR Emails

\* last pay check

**FRONTIER**

Frontier Airlines, Inc.  
General Mitchell  
International Airport  
5300 S. Howell Ave  
Milwaukee, WI 53207

P 720.374.4200  
F 720.374.4375

frontierairlines.com

August 23, 2011

Dafina Roter  
25501 W Loomis Rd  
Waterford, WI 53185

Dafina.

Your employment at Frontier Airlines has been terminated for attendance. As of 08/20/11, you had an attendance point balance of negative 8 points. On 8/13/11, you were a no call no show leaving you with a point balance of negative 1. You have since been absent for your shifts on 08/18/11, 08/19/11, and 08/20/11 leaving you with a point balance of negative 8.

In completing this termination, you are REQUIRED to turn in:

## Item / Cost of Item if not returned

- Company issued ID / \$25.00
- Airport SIDA Badge / \$20 - \$100.00
- Airport parking hang tag (if applicable) / \$89.00
- Keys (if applicable) / \$12 per set or \$3.00 per key

Upon receipt of the above listed items, your final paycheck(s) will be released to you. For items not returned, reasonable amounts will be deducted from your last paycheck(s). Please call me at 414-294-6212 to arrange an immediate return of the above items. If you have any further questions or concerns regarding this matter, please do not hesitate to contact me.

*Beth Nacker*

Beth Nacker  
Manager, Customer Service

cc: Director MKE Station  
Human Resources  
Employee File

*HVAC initially got me SICK  
Wrongful Termination  
Harassment / Discrimination  
to accommodate  
my health  
needs  
HVAC → Sev Aug  
July*

**A whole different animal.**

Subject: RE: AUG 18Th..FMLA used 5-9

I forgot to add in my last email that i will be out tues Aug 16th from 5-9 also due to my high bp, which when i spoke with supervisor Peter Ganabathi on sat about why I was sick, he was also told I would be out tues too. I went to dr and had my BP checked at 751pm tonight, still to high to return, guess thats why iam still up. Thank you for guiding me to the right person to file a complaint with. I, My Dr, or Lawyer will notify you or Peter on my return to work.

thank you,

Dafina Roter  
17671

On Mon Aug 15th, 2011 10:41 AM CDT LOA Flyfrontier wrote:

>  
>Thank you for your email correspondence. The dates you have requested be counted in accordance with your Intermittent FMLA on file have been submitted for your attendance to be reflected accordingly.

>  
>Dafina,

>Can you explain who you're trying to contact in HR or what you are looking to talk about? I'll see who needs to be involved... you might want to contact your HR manager for the station, I believe this is Barb Young at [BYoung@rjet.com](mailto:BYoung@rjet.com)

>  
>Please feel free to reply if you have any other questions,

>Thank you,  
>Barbie Butler

>Leave of Absence Coordinator|Republic Airways Holdings, Inc.|Phone: 317-471-2595 | Fax: 317-484-4561

>CONFIDENTIALITY NOTICE: This email may contain confidential and privileged material for the sole use of the intended recipient(s). Any review, use, distribution or disclosure by others is strictly prohibited. If you have received this communication in error, please notify the sender immediately by e-mail and delete the message and any file attachments from your computer. TO REPUBLIC AIRWAYS HOLDINGS EMPLOYEES: The content of this email is confidential as set forth in the Privacy Policy of the Associate Handbook, and may NOT be publically disclosed or disseminated. Violation of this policy may result in disciplinary action up to and including discharge.

>  
>  
>-----Original Message-----

>From: Dafina Roter [mailto:[roterdafina@yahoo.com](mailto:roterdafina@yahoo.com)]  
>Sent: Saturday, August 13, 2011 5:27 PM  
>To: LOA Flyfrontier  
>Cc: Hasting, Heather E.  
>Subject: AUG 13th.. FMLA Used 12-1600 -> Exhibit H

>HI Barbie-

>  
>I needed to use four hours of FMLA today.due to my BP being up and puking bile. I was scheduled 12-1600. could u please tell me who I can contact in our co to file a complaint? Who is the mgr/VP of Human Resources? Just their names and email addresses please....thanks for your help! Fill in supervisor heather hasting is CC in because my direct sup, is on vacation and my managr never answered me back about calling her too, and WHY I had to. heather was the only mgr/sup who verbally spoke with me today, and who handled the situation very

**Medina, Melissa J.**

**From:** Dafina Roter [roterdafina@yahoo.com]  
**Sent:** Wednesday, August 24, 2011 9:47 PM  
**To:** LOA Flyfrontier  
**Cc:** Lehrman, Jason J.  
**Subject:** Re: AUG 18Th..FMLA used 5-9

**Categories:** Lisa

Barbie-

I faxed over my Dr excuse to your office, and I just wanted to make sure you received it. If not, please let me know, so I can resend it. It basically states he is keeping me out of work for another week until my next Dr Appt.

Thank You,  
Dafina Roter  
17671

**From:** LOA Flyfrontier <LOAFlyfrontier@rjet.com>  
**To:** 'Dafina Roter' <roterdafina@yahoo.com>  
**Cc:** "Evans, Lisa" <LEvans@Rjet.com>  
**Sent:** Tuesday, August 16, 2011 7:43 AM  
**Subject:** RE: AUG 18Th..FMLA used 5-9

Dafina,

We have you on an intermittent FMLA leave. First, you have conflicting dates-- your subject claims your absence of 08/18, but the email indicates the 16th. Can you verify?

Per your email below, it sounds as if you will be off work for a few days, possibly longer. Can you please explain to me your current situation? You had used 70 of your available 80 hrs of FMLA and we may need to see if your station can support a medical leave. Let me know the dates- or how long your physician believes your recovery period is. Medical leaves are based on operational needs and usually in 1 month durations. They cannot be taken intermittently.

Please feel free to reply if you have any other questions,

Thank you,  
Barbie Butler

Leave of Absence Coordinator|Republic Airways Holdings, Inc.|Phone: 317-471-2595 | Fax: 317-484-4561  
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-----Original Message-----

From: Dafina Roter [mailto:[roterdafina@yahoo.com](mailto:roterdafina@yahoo.com)]  
Sent: Tuesday, August 16, 2011 3:27 AM  
To: LOA Flyfrontier  
Cc: Ganabathi, Peter P.

FIND

152 FRI 08/12/2011	4:33PM	414-460-3174INCOMING CL	7M2AM DT M2AM	0.00	0.00
153 FRI 08/12/2011	4:40PM	414-241-6674MILWAUKEE WI	1M2AM DT M2AM	0.00	0.00
154 FRI 08/12/2011	4:41PM	414-520-3323MILWAUKEE WI	1M2AM DT M2AM	0.00	0.00
155 FRI 08/12/2011	4:49PM	414-520-3323MILWAUKEE WI	1M2AM DT M2AM	0.00	0.00
156 FRI 08/12/2011	5:01PM	414-425-3323INCOMING CL	30 RM14 DT	0.00	0.00
157 FRI 08/12/2011	5:34PM	414-460-3174MILWAUKEE WI	1M2AM DT M2AM	0.00	0.00
158 FRI 08/12/2011	5:54PM	414-460-3174INCOMING CL	1M2AM DT M2AM	0.00	0.00
159 FRI 08/12/2011	6:48PM	608-338-8450INCOMING CL	7M2AM DT M2AM	0.00	0.00
160 SAT 08/13/2011	5:51PM	608-338-8450MADISON WI	3M2AMNWM2AM	0.00	0.00
161 SAT 08/13/2011	5:57PM	414-460-3174MILWAUKEE WI	8M2AMNWM2AM	0.00	0.00
162 SUN 08/14/2011	2:02AM	608-354-9155MADISON WI	2M2AMNWM2AM	0.00	0.00
163 SUN 08/14/2011	12:08PM	414-460-3174MILWAUKEE WI	3M2AMNWM2AM	0.00	0.00
164 SUN 08/14/2011	2:07PM	414-241-6674MILWAUKEE WI	1M2AMNWM2AM	0.00	0.00
165 SUN 08/14/2011	2:08PM	414-241-6674MILWAUKEE WI	1M2AMNWM2AM	0.00	0.00
166 SUN 08/14/2011	2:09PM	414-460-3174MILWAUKEE WI	1M2AMNWM2AM	0.00	0.00
167 SUN 08/14/2011	2:14PM	414-241-6674MILWAUKEE WI	1M2AMNWM2AM	0.00	0.00
168 SUN 08/14/2011	2:28PM	414-241-6674MILWAUKEE WI	1M2AMNWM2AM	0.00	0.00
169 MON 08/15/2011	5:58PM	414-460-3174MILWAUKEE WI	2M2AM DT M2AM	0.00	0.00
170 MON 08/15/2011	6:54PM	877-892-4739Toll Free CL	1 RM14 DT	0.00	0.00
171 MON 08/15/2011	6:56PM	877-892-4739Toll Free CL	2 RM14 DT	0.00	0.00
172 MON 08/15/2011	7:12PM	608-354-9155INCOMING CL	11M2AM DT M2AM	0.00	0.00
173 MON 08/15/2011	7:26PM	414-460-3174MILWAUKEE WI	1M2AM DT M2AM	0.00	0.00
174 TUE 08/16/2011	4:51PM	414-241-6674MILWAUKEE WI	2M2AM DT M2AM	0.00	0.00
175 TUE 08/16/2011	4:53PM	414-460-3174MILWAUKEE WI	2M2AM DT M2AM	0.00	0.00
176 TUE 08/16/2011	6:47PM	414-460-3174MILWAUKEE WI	2M2AM DT M2AM	0.00	0.00
177 TUE 08/16/2011	6:49PM	414-460-3174CALL WAIT	3M2AM DT CW	0.00	0.00
178 WED 08/17/2011	12:13PM	414-241-6674MILWAUKEE WI	1M2AM DT M2AM	0.00	0.00
179 WED 08/17/2011	12:14PM	414-460-3174MILWAUKEE WI	1M2AM DT M2AM	0.00	0.00
180 WED 08/17/2011	5:46PM	414-241-6674INCOMING CL	2M2AM DT M2AM	0.00	0.00
181 WED 08/17/2011	5:59PM	414-241-6674MILWAUKEE WI	1M2AM DT M2AM	0.00	0.00
182 WED 08/17/2011	6:06PM	414-241-6674INCOMING CL	14M2AM DT M2AM	0.00	0.00
183 WED 08/17/2011	7:02PM	414-241-6674MILWAUKEE WI	4M2AM DT M2AM	0.00	0.00
184 WED 08/17/2011	7:11PM	414-467-1505MILWAUKEE WI	2M2AM DT M2AM	0.00	0.00
185 WED 08/17/2011	7:12PM	414-241-6674MILWAUKEE WI	10M2AM DT M2AM	0.00	0.00
186 WED 08/17/2011	7:22PM	608-354-9155MADISON WI	1M2AM DT M2AM	0.00	0.00
187 WED 08/17/2011	7:27PM	608-354-9155MADISON WI	8M2AM DT M2AM	0.00	0.00
188 WED 08/17/2011	7:34PM	414-750-0075CALL WAIT	3M2AM DT CW	0.00	0.00
189 WED 08/17/2011	9:53PM	414-294-6212MILWAUKEE WI	2UNW9NW	0.00	0.00
190 WED 08/17/2011	9:54PM	414-241-6674MILWAUKEE WI	9M2AMNWM2AM	0.00	0.00
191 THU 08/18/2011	4:37PM	262-338-8512WEST BEND WI	38 RM14 DT	0.00	0.00

My Girlfriend who works at the Medical College and my mother were over <sup>through the week</sup> all to my illness - My mom felt it would be best to have Rebecca call me in sick, because of her medical knowledge - I had NO/very little horse voice - Rebecca called Beths cell phone at 711pm - NO Return call and then at 9:53 pm to her OFFICE PHONE VM AT THE AIRPORT - STILL NO CALL - THEN I RECEIVED my termination papers. Just as a <sup>courtesy</sup> <sup>to</sup> Beth

Aug 13<sup>th</sup> - HR approved & spoke with  
Peter -

Aug 18, 19 & 20<sup>th</sup>

- Was called in 2x<sup>5</sup> on 8/17/11



Re: DAFINA ROPER  
dob [REDACTED] 74

To whom it may concern —

This woman is a patient with our practice. She has significant health problems.

Her problems include Raynaud's Syndrome, hypertension and kidney issues.

She requires at least one more week off work for the process of recovery to continue. She will see me then for follow-up.

Yours truly  
Troy W. Miller MD

pulled out of work  
until 8/31/11

(Pap) (GSE)

Rebecca left a message for  
Beth on 8/17/11 to her Cell Phone @ 1911 → No callback  
so she called her Office Phone @ 2153 pm

 Aurora Health Center

1061 East Commerce Blvd.  
Slinger, WI 53086  
Tel (262) 644-2900

**RETURN TO WORK/SCHOOL**

Date: 9/16/11

This is to certify that Daphne RITER has been under my care for a medical condition since \_\_\_\_\_ and is able to return to work / school on \_\_\_\_\_.

Any further information will require an authorization for release of medical information signed by the patient or legal guardian.

Restrictions / Remarks: Please excuse from work 8/16/11 to 8/24/11

Signature Terry W. White

White - Medical Record / Yellow - Patient  
AHC X26653.j (08/06)

Had to reschedule  
Dr W Reschedule  
a excuse @ my apt  
to physically give  
to Beth, she doesn't  
believe I'm sick !!

**Medina, Melissa J.**

**From:** Roter, Dafina A.  
**Sent:** Tuesday, March 08, 2011 7:50 AM  
**To:** LOA Flyfrontier  
**Cc:** Velandia, Ana C.; Nacker, Beth A.  
**Subject:** RE: FMLA Approval 2-25-11

Good Morning Barbie....

 A email was sent on 2-25-11, shortly after I started my shift...the response was, out of office until monday. Ana, our scheduling supervisor is aware and has been copied in on all emails. You may want to go back to the inbox from the 2-25-11 and re-check it...I will re-forward it.

Thanks,  
Dafina

---

**From:** LOA Flyfrontier  
**Sent:** Friday, March 04, 2011 11:30 AM  
**To:** Roter, Dafina A.  
**Subject:** RE: FMLA Approval 2-25-11

March 4, 2011

Ms. Dafina Roter  
Via email [Dafina.Roter@midwestairlines.com](mailto:Dafina.Roter@midwestairlines.com)

Dear Dafina:

We received your email of 03/04/11 requesting that intermittent FMLA coverage be applied to your absence of 02/25/2011. I appreciate the opportunity to follow up with you at this time.

In accordance with FMLA regulations, when the need for leave is unforeseeable the employee should provide notice of leave within the time prescribed by the employer's usual and customary notice requirements. Because you did not contact the leave desk until 7 days after your call off of 02/25/11, and prior to your return to work, this absence will not be covered under FMLA.

Please note, in your original approval letter it states;

"Please note your schedule is your primary responsibility and you are responsible to call off your schedule through established department procedure notifying them of your absence.

Employees must adhere to established company policy for calling in. After completing this step, please contact us the same day via email at [LOAflyfrontier@rjet.com](mailto:LOAflyfrontier@rjet.com) or by voicemail at the number below."

Should you have any questions please feel free to contact either myself or your manager.

Sincerely,

**Barbie Butler**

Leave of Absence Assistant | Republic Airways Holdings, Inc.

Phone: (317) 471-2595 | Fax: (317) 484- 4561

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*3/25 -  
3 hand books  
in one year*

And NO consistent Rules to follow

- I

Frontier Airlines, Inc  
8909 Purdue Road  
Suite 300  
Indianapolis, IN 46268

Check No. 515138  
Date 09/08/2011

PAY

Zero and 0/100 \*\*\*\* \$0.00

TO THE Dafina A. Roter  
ORDER 25501 W Loomis Rd  
OF Waterford, WI 53185

Bank of America

*Bryan Bellford*

THIS CHECK CONTAINS BLUE PANTOGRAPH & MICROPRINTING. BACK OF CHECK HAS A WATERMARK, HOLD AT AN ANGLE TO VIEW. VOID IF NOT PRESENT.

000515138 0119005710 385010571464

Frontier Airlines, Inc  
8909 Purdue Road  
Suite 300  
Indianapolis, IN 46268

STATEMENT OF EARNINGS - DETACH ALONG THIS PERFORATION AND RETAIN FOR YOUR RECORDS

Dafina A. Roter 25501 W Loomis Rd Waterford, WI 53185	Emp No 417671	FIT S 3	Check No 515138
	Location MKEF9	SIT res S 3	Check Date 09/08/2011
	Division CSTSRV	SIT work S 3	Period End 09/04/2011
	Cost Center 302		Paygroup F9BW
	HR Dept 24		Job FCS3071
	GL Dept 2252		Pay Rate 13.1200

COMPANY MESSAGE

EARNINGS

Pay Type	Hours	Current	YTD
Holiday		59.04	
Holiday Worked		91.94	
Legacy Vacation	5.81	76.27	240.27
Regular Pay			2,456.72
Sick Taken			1,243.12
Sta Train Over			123.55
Station Grave			5,073.46
Station Swing			53.88
Vacation Taken	-5.81	-76.27	448.53

MISCELLANEOUS	DEDUCTIONS	TAXES
401K ER Match Current 0.00	Deduction Current YTD	Tax Code Current YTD
401K ER Match YTD 0	Short Term Disa 88.06	Federal Income 166.10
401K Roth ER Match Current 0.00	UniformDed 2 41.37	Employee Medica 140.69
401K ROTH ER Match YTD 0		Social Security 407.50
Deferred Comp Current 0.00		WI State Income 325.06
Deferred Comp YTD 0		
DC Adjustment -0.00		
DC Plan Adjustment YTD 0		

EMPLOYEE ACCRUALS	NET PAY DISTRIBUTION
Vacation -8.01	

MKEF9 FCS3071 1555  
Dafina A. Roter  
25501 W Loomis Rd  
Waterford, WI 53185

GROSS	TAXES	DEDS	NET PAY
CURRENT 0.00	0.00	0.00	0.00
YTD 9,790.51	1,039.35	129.43	8,621.73

Check Amount 0.00  
Total Net Pay 0.00

This is a statement of earnings and deductions. This pay statement is non-negotiable.



Frontier Airlines, Inc  
8909 Purdue Road  
Suite 300  
Indianapolis, IN 46268

**Pay statement**  
**Period start date** 05/02/2011  
**Period end date** 05/15/2011  
**Pay date** 05/19/2011  
**Document** 94837  
**Net pay** \$496.41

### Pay details

Dafina A Roter  
25501 W Loomis Rd  
Waterford, WI 53185  
USA

<b>Employee number</b>	417671	<b>Pay group</b>	Frontier Bi-Weekly	<b>Federal income tax</b>	S 3
<b>SSN</b>	xxx-xx-xxxx	<b>Location</b>	Gen Mitchell Intl Airport	<b>State income tax (residence)</b>	S 3
<b>Job</b>	Operations Agent	<b>Division</b>	CSTSRV - Customer Service	<b>State income tax (work)</b>	S 3
<b>Pay rate</b>	\$13.12	<b>Cost Center</b>	302 - Customer Service Direct		
<b>Pay frequency</b>	Biweekly	<b>HR Dept</b>	24 - Agent		
		<b>GL Dept</b>	2252 - MKE Hub Admin		

### Earnings

<b>Pay type</b>	<b>Hours</b>	<b>Pay rate</b>	<b>Current</b>	<b>YTD</b>	<b>Employee</b>
F9 Time off Clo	1.7500		\$0.00	\$0.00	
Holiday	0.0000		\$0.00	\$59.04	
HolWorked Grave	0.0000		\$0.00	\$91.94	
Regular Pay	13.2500		\$173.84	\$1,508.80	
Sick Taken	0.0000		\$0.00	\$209.92	
Sta Train Over	0.0000		\$0.00	\$123.55	
Station Grave	28.0000		\$381.36	\$3,262.00	
Station Swing	0.0000		\$0.00	\$53.88	
Vacation Taken	0.0000		\$0.00	\$314.88	
With Out Pay	4.5000		\$0.00	\$0.00	
<b>Total hours</b>	<b>47.5000</b>				

### Deductions

<b>Pre- deduction</b>	<b>tax</b>	<b>Current</b>	<b>YTD</b>
Short Term Disa	Yes	\$5.18	\$51.80
UniformDed 2	No	\$1.37	\$41.37
<b>Taxes</b>			
<b>Taxes</b>	<b>Current</b>	<b>YTD</b>	
Employee	\$7.98	\$80.80	
Medicare			
Federal Income Tax	\$4.23	\$94.48	
Social Security	\$23.10	\$234.03	
Employee Tax			
WI State Income Tax	\$16.93	\$184.18	

### Paid time off

### Net pay distribution

<b>Plan</b>	<b>Current</b>	<b>Balance</b>	<b>Account number</b>	<b>Account type</b>	<b>Amount</b>
Catastrophic	0.0000	46,6700	xxxxx3143		\$496.41
Legacy Vac	0.0000	18.3133	Total		\$496.41
Sick	0.0000	164.0000	210.67		
Vacation	0.0000	16.0000	+ 16.00		

210.67  
+ 16.00  
226.67

+ 18.31  
244.98

Tue 7/19 FMLAUNPAID 4.0  
 Wed 7/20  
 Thu 7/21

4.0 710.75  
 710.75

## Totals

Account	Pay Code	Amount	Wages
01/3000/MKEF9/000302/CS3071/1/2252	ALL VAC	52.5	
01/3000/MKEF9/000302/CS3071/1/2252	ALL PAIDHO...	605.75	169.53
01/3000/MKEF9/000302/CS3071/1/2252	FMLASICKPD	62.75	
01/3000/MKEF9/000302/CS3071/1/2252	TRADE CORD	5.5	5.50
01/3000/MKEF9/000302/CS3071/1/2252	ALISCHEDUL...	4.5	3.38
01/3000/MKEF9/000302/CS3071/1/2252	CORD REG	3.25	3.25
01/3000/MKEF9/000302/CS3071/1/2252	ALLWORKED...	486.0	169.53
01/3000/MKEF9/000302/CS3071/1/2252	VAC	52.5	
01/3000/MKEF9/000302/CS3071/1/2252	REG	53.0	
01/3000/MKEF9/000302/CS3071/1/2252	ALL FMLA	66.75	
01/3000/MKEF9/000302/CS3071/1/2252	TRADE REG3	0.0	4.00
01/3000/MKEF9/000302/CS3071/1/2252	ALL HOL WO..	4.5	3.38
01/3000/MKEF9/000302/CS3071/1/2252	TRADE	63.75	
01/3000/MKEF9/000302/CS3071/1/2252	DAY TRADE.	85.5	
01/3000/MKEF9/000302/CS3071/1/2252	ALLREGHOU..	481.5	166.15
01/3000/MKEF9/000302/CS3071/1/2252	FMLAUNPAID	4.0	
01/3000/MKEF9/000302/CS3071/1/2252	HOL PAY	4.5	
01/3000/MKEF9/000302/CS3071/1/2252	HOL Worked..	4.5	3.38
01/3000/MKEF9/000302/CS3071/1/2252	TOC	15.5	
01/3000/MKEF9/000302/CS3071/1/2252	REG3	304.0	152.00
01/3000/MKEF9/000302/CS3071/1/2252	REG2	4.0	1.40
01/3000/MKEF9/000302/CS3071/1/2252	ALLUNPAIDH...	19.5	

## Schedule

Date	Start Time	End Time	Pay Code	Amount
Sat 1/01	4:30	9:00		
Sun 1/02				
Mon 1/03			DAYTRADEOFF	4.5
Tue 1/04	5:00	9:00		
Wed 1/05				
Thu 1/06				
Fri 1/07	4:30	12:30		
Sat 1/08	4:30	9:00		
Sun 1/09(x)	12:30	15:00		

Page: 6

\* As of 7/20/11 per Scheduling (Beth Mgr)  
 Also  
 I have 13.25 hrs FMLA left  
 \* From 1/1/11 to 7/20/11 - In 7mos + 20 days  
 I used 66.75 hrs out of  
 80 granted

13.25 FML  
 left

# EQUAL RIGHTS COMPLAINT PROCESS INFORMATION SHEET

Please complete and return this sheet with your completed complaint. This information is necessary to process your complaint effectively.

Complainant First Name <i>Dafina</i>	Complainant Middle Name or Initial <i>Aurora</i>	Complainant Last Name <i>Rotter</i>
Current Date <i>11-01-11</i>	Complainant Date of Birth (requested for identification purposes) mm/dd/yyyy <i>[REDACTED], 1974</i>	

**Contact Information (Important! The Complainant must notify the Equal Rights Division, if there is a change of address or telephone number. If we are unable to locate the Complainant, the complaint may be dismissed).**

Is there a telephone number where the Complainant can be reached between 7:45 a.m. & 4:30 p.m.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide the area code and telephone number <i>(414)-241-6674</i>
---	---

Please provide the name, address, and telephone number of someone who does not reside with the Complainant but who will know where to reach the Complainant.

Contact Person Name <i>Ivanka Geiger</i>	Relationship to the Complainant <i>Mother</i>			
Street Address <i>5190 S. Martin Rd</i>	City <i>New Berlin</i>	State <i>WI</i>	Zip Code <i>53146</i>	Telephone Number <i>(262) 679-1789</i>

## Employer Information

Approximate number of employees at all of the employer's work locations	<b>Type of Business</b>
<input type="checkbox"/> Less than 50 <input type="checkbox"/> 50-100 <input type="checkbox"/> 101-200 <input type="checkbox"/> 201-500 <input checked="" type="checkbox"/> More than 500	<i>Airline</i>
Does another company own the employer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Sure -TP&S?	If yes, please provide the name of that company <i>Republic Airways Holdings</i>

## Filing With other Agencies

Have you filed a complaint in this matter with any other agency <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, name of agency
Date filed with the other agency	

## Settlement Information

At this time, what is the Complainant seeking to settle the complaint	
---	--

## Complete this section if the Complainant was or still is employed by the employer

When was the Complainant hired	What was/is the job title	Is the Complainant still employed by the Respondent
		<input type="checkbox"/> Yes <input type="checkbox"/> No

## Complete this section if the Complainant is no longer employed by the employer

How did the Complainant's employment end <input checked="" type="checkbox"/> Discharged <input type="checkbox"/> Quit <input type="checkbox"/> Laid off <input type="checkbox"/> Retired <input type="checkbox"/> Other	Date Employment Ended <i>August 23, 2011</i>	Pay Rate at End <i>\$13.12</i>
If the Complainant was not promoted, what was the title of the position applied for		Hours per Week <i>40 hours</i>
		Rate of Pay <i>Not specified</i>
		Hours per Week <i>Not specified</i>

## Statistical Information

Complainant Sex:			
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female			
Complainant Race (check appropriate box or boxes):			
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Asian	<input type="checkbox"/> White	<input checked="" type="checkbox"/> Other <i>Hispanic</i>	

**Mail your completed and signed complaint form to one of the following addresses:**

<b>EQUAL RIGHTS DIVISION</b> <b>201 E WASHINGTON AVE ROOM A300</b> <b>PO BOX 8928</b> <b>MADISON WI 53708</b>  <b>Telephone:</b> 608-266-6860 <b>FAX:</b> 608-267-4592 <b>TTY:</b> 608-264-8752	<b>EQUAL RIGHTS DIVISION</b> <b>819 N 6TH ST</b> <b>ROOM 255</b> <b>MILWAUKEE WI 53203</b>  <b>Telephone:</b> 414-227-4384 <b>FAX:</b> 414-227-4084 <b>TTY:</b> 414-227-4081
--	---

<input checked="" type="checkbox"/> For my own serious health condition (Medical Leave)	
Serious health condition description	
Renal Failure	
I requested Family Leave for the birth or adoption of my child or to care for a seriously ill family member	
<input type="checkbox"/> Verbally <input type="checkbox"/> In writing on	
Name of individual from whom you requested family leave	Individual's Title
I requested medical leave for my own serious health condition	
<input checked="" type="checkbox"/> Verbally <input checked="" type="checkbox"/> In writing on	
Name of individual from whom you requested family leave	Individual's Title
Barbie Butler-Leave of Absence Asst (AND) BETH NACKER / Operations+Schd. mGR	
<input type="checkbox"/> I did not request Family or Medical Leave because I was unaware of my rights	
Amount of leave requested	Intermittent
Dates expected to be off work	Intermittent due to blood pressure spells / Raynaud Syndrome
<h3>6. Denial of Leave</h3>	
Date I received notice that my leave request was denied	
Reason employer denied leave request	
On	
Date rights were violated	
Since July 23, 2010	
Reason I believe my rights under the Family and Medical Leave Act were violated	
<p>I was given the run around with approval - 3 different hour calculations</p> <p>Then I was denied due to not being employed with the Co for 1 yr.</p> <p>Started as original Midwest Airlines to TPG to Republic to Frontier since September 08, 2003. My mgr Beth Nacker told a supervisor in one of their meetings to write me up for everything and push me out the door.</p> <p>Beth Nacker and Jason Lehman Supervisor, also made me send a copy of my transplant letter to people in the Co I didn't need to. SEE Attached documents I have more.</p>	
<p>By my signature below, I, or my authorized representative, state that I have read and understand this complaint and swear that it is true to the best of my knowledge and belief.</p>	
Complaint or Complainants Representative Signature	Date Signed
Dakota Rose	11-1-11

The Department of Workforce Development is an equal opportunity service provider. If you need assistance to access services or material in an alternate format, please contact us.

\* ALSO \* I ended up getting sick and burning through my FMLA because Milw Co, Beth Nacker and Jason Lehrman NEVER took care of the HVAC system that was going down for 3 mo - May June & July. Case 2:14-cv-00071-PP Filed 01/21/14 Page 15 of 39 Document 1-2 HAVE NO IMMUNE SYSTEM & RAYNAUDS

# Family and Medical Leave Complaint

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Provide all information requested. Type or print in black ink

## 1. Complainant Information

First Name <b>Dafina</b>		
Middle Name or Initial <b>Aurora</b>		
Last Name <b>Roter</b>		
Street Address <b>25501 W. Loomis Rd</b>		
City <b>Wind Lake</b>	State <b>WI</b>	Zip Code <b>53185</b>
Home Telephone Number <b>(414) 241-6674</b>		
Work Telephone Number <b>( )- -</b> Ext.		

## 2. Respondent Information

Name of the business you believe violated the law. Name only one Respondent per form. Do not name an individual person. <b>Frontier AIRLINES GENERAL MITCHELL INTERNATIONAL AIRPORT</b>		
Street Address <b>5300 S. HOWELL AVE</b>		
City <b>Milwaukee</b>	State <b>WI</b>	Zip Code <b>53207</b>
Telephone Number <b>( )- -</b> Ext.		
County where the violation took place <b>Milwaukee County</b>		

## 3. Employment Status

First date of employment with this employer (mm/dd/yyyy)

**September 08, 2003**

I have worked more than 52 continuous weeks for this employer at one or more of its locations or departments

Yes  No

I have worked at least 1000 hours for this employer during the last 52 weeks

Yes  No

A total of at least 50 people work for this employer at all of its locations

Yes  No

## 4. Previous Family and Medical Leave Use

I have used Family or Medical Leave during the current calendar year

Yes  No If yes, how much leave did you take and for what reason

My employer has a poster displayed explaining my rights under the Wisconsin Family and Medical Leave Act

Yes  No **ATM UNSURE - maybe behind the ticket counter but the poster is questionable.**

## 5. Present Leave Request. I have requested leave for the following reason (check appropriate answer)

For the birth or adoption of my child (Family Leave)

To care for a seriously ill child, spouse, parent or parent-in law (Family Leave)

Name of individual with serious health condition

**Dafina Roter**

Individual's relationship to you

**myself**

Serious health condition description

**Renal Failure - On Kidney Transplant list at Froedert Hospital**

**Since 10/07/10**

**SEE ATTACHED**

## # 5. Statement of Discrimination ①

Cont.

In June July and August 2011 Jason Lehman and Beth Nacker Started bullying me, they would constantly pull me in the office and write me up for unnecessary things and bash me while in their offices, stating that I am unfit for my job due to being ill. \* Would not allow me to use sick time bank or short term disability inconsistencies on hours & payout regulations

\* As of tuesday 8/16/11 Barbie Butler stated I had 10hrs of FMLA left. When in the beginning of Aug Jason Lehman Showed me having 24 hrs for attendance and 10hrs for FMLA hours and termination papers dates do not coincide.

\* My annual load planning due was altered and told I had to retrain - I was one of the only ones in the tower that did several manual weight & balances when the system went down - Supervisors and

Pg #2

Other agents would freeze up.  
I also came in on the middle  
of my vacation, to get in my  
load planning in on time and was  
denied pay when other agents  
were compensated.

~~DK~~  
Beth Nacker / Jason Lehman violated  
the HIPPA LAWS making me send  
Copies of my transplant Letter to  
managers/Supervisors at the Milwaukee  
Station

\* Beth Nacker / Jason Lehmann also  
sat and grilled me in Aug 2011  
making me explain in every detail  
what I go through on a  
daily basis with my illness and  
in detail, what I go through when  
having a blood pressure <sup>episode</sup> issue. It  
was embarrassing, unnecessary and  
aggravated my condition at the  
time, raising my blood pressure after  
Explaining all to them - I was told once  
again by Beth Nacker, that I am unreliable  
and not fit for my job anymore - I  
Explained to her that my kidney

## #5 Statement of Discrimination ③ Cont. ~ Dafinie Roter

had scar tissue, not my brain. And for someone in management, she was discriminating and bullying me, she did not like that I brought that to her attention.

\* Male chauvinism by Jason Lehman / Beth Nacker. Example: if the males on duty would curse, Jason would laugh and partake in it. If I, or another female would be hard to shut up, gum around and not allowed to talk - Favored men - he wouldn't allow us to converse at all at times.

\* Supervisor Peter Ganabathi pulled me aside early August along with Agent Paul Bodis to warn me that in their supervisor meeting Beth Nacker told Pete and all supervisors to write me up for everything / anything to push me out, which aggravated my condition and raised my blood pressure. Pete wanted to warn me since

\* On 8/15/11 I went to the Waterford Library, due to not being able to afford the internet at home, to print my E-Learn certificates and finish

Pg # 4

one module due for work and the FAT. Frontier / Beth Nacker Enabled me to sign in to all E-Learn modules, our company email and would not answer their phones. When I called to see why it said I was NOT A AUTHORIZED USER. At 1258 pm that day I had a missed call from 294-6111 -which was work - But no return call

- \* There were NO consistent rules, regulations or set attendance policies due to the integration of Midwest Airlines with Frontier Airlines + Republic Holdings for the last year of my employment
- \* I also asked Beth Nacker, since she claimed I was unreliable due to my blood pressure/kidney issues if I could be set up and work from home on sick days / even volunteered to work 7 days a week from home. She denied it, even tho I was willing to do anything to prove that my job uses my life and that I care ~~not~~

# #5 Statement of Discrimination Cont... - Dafina Roter

- \* On 8-13-11 \* Beth Nacker stated I was a no call no show - I have approval from HR Barbie Butter for that day and also spoke with Lead Heather Hastings and Supervisor on Duty Peter Ganabathi that I would not be returning until I saw the Dr.
  - \* SEE ATTACHED - Re: Aug 13<sup>th</sup> FMLA \*
- \* My doctors then pulled me out of work from 8/16/11 until 8/31/11 due to the extreme temperature changes from the HVAC System not being fixed since June 2011. Unsuitable working conditions for my health conditions that they were aware of since the HVAC problem started. I received termination papers before released back to work
- \* On 8/16/11 my off day and out on FMLA Beth Nacker consistently harassed me by calling over and over and sending texts to my phone while on bed rest. She left no voicemails and the texts would only say Dafina

Pg #<sup>4</sup>

after questioning HR about filing a complaint - Beth Nacker harassed me and then terminated me. And that happened after I spoke to the supervisor on duty - Peter Ganabathi about being out of work - he said ok, and was going to cover my shifts and inform management. ~~Beth Nacker was not the mgr on duty that day~~  
~~either~~

\*

END

## EQUAL RIGHTS COMPLAINT PROCESS INFORMATION SHEET

Please complete and return this sheet with your completed complaint. This information is necessary to process your complaint effectively.

Complainant First Name <i>Datina</i>	Complainant Middle Initial <i>A</i>	Complainant Last Name <i>Roter</i>
Current Date <i>July 4, 2012</i>	Complainant Date of Birth (requested for identification purposes) mm/dd/yyyy <i>7/1/1974</i>	

**Contact Information (Important! The Complainant must notify the Equal Rights Division, if there is a change of address or telephone number. If we are unable to locate the Complainant, the complaint may be dismissed.)**

Is there a telephone number where the Complainant can be reached between 7:45 a.m. & 4:30 p.m.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide the area code and telephone number <i>(414) 241-6674</i>
---	---

Please provide the name, address, and telephone number of someone who does not reside with the Complainant but who will know where to reach the Complainant.

Contact Person Name <i>Ivanka Geiger</i>	Relationship to the Complainant <i>Mother</i>			
Street Address <i>5190 S. Mainland</i>	City <i>New Berlin</i>	State <i>WI</i>	Zip Code <i>53146</i>	Telephone Number <i>(602) 679-1789</i>

### Employer Information

Approximate number of employees at all of the employer's work locations <input type="checkbox"/> Less than 15 <input type="checkbox"/> 15-100 <input type="checkbox"/> 101-200 <input type="checkbox"/> 201-500 <input checked="" type="checkbox"/> More	Type of Business <i>Airline</i>
Does another company own the employer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	If yes, please provide the name of that company <i>Republic Holding</i>

### Filing with other Agencies

Have you filed a complaint in this matter with any other agency? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of agency <i>Family &amp; Medical</i>	Date filed with the other agency <i>May 15, 2012</i>
---	---	---

### Settlement Information

Complete this section if the Complainant was or still is employed by the employer.		
When was the Complainant hired? <i>9/08/03</i>	What was/is the job title? <i>operations Coordinator</i>	Is the Complainant still employed by the Respondent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Complete this section if the Complainant is no longer employed by the employer.			
How did the Complainant's employment end? <input checked="" type="checkbox"/> Discharged <input type="checkbox"/> Quit <input type="checkbox"/> Laid off <input type="checkbox"/> Retired <input type="checkbox"/> Other	Date Employment Ended <i>Aug 23 2011</i>	Pay Rate at End <i>13.02</i>	Hours per Week <i>20-30hrs</i>
If the Complainant was not promoted, what was the title of the position applied for? <i></i>		Rate of Pay <i></i>	Hours per Week <i></i>

At this time, what is the Complainant seeking to settle the complaint?

*Employment and money compensation*

### Statistical Information

Complainant Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
--

Complainant Race (check appropriate box or boxes):
--

American Indian or Alaska Native  Native Hawaiian or Pacific Islander  Black or African American  
 Asian  White  Unknown

Complainant National Origin: *50% Serbian 50% Hispanic*

**5. Statement of discrimination:**

Write a brief, concise statement explaining how you were discriminated against. Give the **date** each action occurred and the **name** of the person who took the action. Explain how each action(s) was related to the box(es) you checked in section #3 on page one. Include more 8 1/2 x 11 pages if needed.

I was granted FMLA in April 2010 for Kidney failure and testing for placement on Froedtert's Kidney Transplant List. I was placed on the transplant list October 2010. \* I was out on FMLA from 8/16/11 to 8/24/11 approved by HR also including 8/13/11 when I became seriously ill. On 8/15/11 I went to the Waterford library to use the computer/internet/printer to complete required testing and certifications for work & the FAA that were due while I was out of work. As I was logging into the companies modules (mail etc), the screen response was that I was a unauthorized user. I had called my supervisor on duty leaving messages about it and received no return calls, and then received termination papers in the mail stating I was terminated dated 8/23/11. At that point I learned that my manager Beth Naeber had altered my attendance record using our point system instead of the FMLA hours. After seeing my doctor, dr excuses were submitted being excused from work from 8/16/11 - 8/24/11.

**6. Certification and Signature**

By my signature below, I certify that I have read the above complaint, and, under penalties of law, I declare that this complaint is true and correct to the best of my knowledge and belief.

Signature of Complainant or authorized representative

Date signed

Dafnia Peter

SEE attached!

7/4/12

# EQUAL RIGHTS COMPLAINT PROCESS INFORMATION SHEET

Please complete and return this sheet with your completed complaint. This information is necessary to process your complaint effectively.

Complainant First Name <i>Datina</i>	Complainant Middle Initial <i>A</i>	Complainant Last Name <i>Roter</i>
Current Date <i>May 31 2012</i>	Complainant Date of Birth (requested for identification purposes) mm/dd/yyyy <i>5/19/1974</i>	

**Contact Information (Important! The Complainant must notify the Equal Rights Division, if there is a change of address or telephone number. If we are unable to locate the Complainant, the complaint may be dismissed.)**

Is there a telephone number where the Complainant can be reached between 7:45 a.m. & 4:30 p.m.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide the area code and telephone number <i>(414) 241-6674</i>
---	---

Please provide the name, address, and telephone number of someone who does not reside with the Complainant but who will know where to reach the Complainant.

Contact Person Name <i>Ivanka Geiger</i>	Relationship to the Complainant <i>mother</i>			
Street Address <i>5190 S Martin Rd</i>	City <i>New Berlin</i>	State <i>WI</i>	Zip Code <i>53146</i>	Telephone Number <i>(262) 679-1789</i>
Cell - 262-309-0214				

## Employer Information

Approximate number of employees at all of the employer's work locations <input type="checkbox"/> Less than 15 <input type="checkbox"/> 15-100 <input type="checkbox"/> 101-200 <input type="checkbox"/> 201-500 <input checked="" type="checkbox"/> More	Type of Business <i>Airline</i>
Does another company own the employer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	If yes, please provide the name of that company <i>Republic Holdings</i>

## Filing with other Agencies

Have you filed a complaint in this matter with any other agency? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of agency <i>Family &amp; Medical Leave Act</i>	Date filed with the other agency <i>May 15, 2012</i>
---	---	---

## Settlement Information

Complete this section if the Complainant was or still is employed by the employer.			
When was the Complainant hired? <i>9/08/03</i>	What was/is the job title? <i>CSR / Operations</i>	Is the Complainant still employed by the Respondent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Complete this section if the Complainant is no longer employed by the employer.			
How did the Complainant's employment end? <input checked="" type="checkbox"/> Discharged <input type="checkbox"/> Quit <input type="checkbox"/> Laid off <input type="checkbox"/> Retired <input type="checkbox"/> Other	Date Employment Ended <i>Aug 23, 2011</i>	Pay Rate at End <i>\$13.02</i>	Hours per Week <i>20-30 hr.</i>
If the Complainant was not promoted, what was the title of the position applied for? <i>_____</i>		Rate of Pay <i>_____</i>	Hours per Week <i>_____</i>

At this time, what is the Complainant seeking to settle the complaint?

*I originally wanted Employment back and Compensation for but Frontier will no longer be at General Mitchell or in Milwaukee SEE ATTACHED*

## Statistical Information

Complainant Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
Complainant Race (check appropriate box or boxes):		
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> Black or African American <input type="checkbox"/> Unknown
Complainant National Origin: <i>1/2 Hispanic 1/2 Serbian</i>		

##### 5. Statement of discrimination:

Write a brief, concise statement explaining how you were discriminated against. Give the date each action occurred and the name of the person who took the action. Explain how each action(s) was related to the box(es) you checked in section #3 on page one. Include more 8 1/2 x 11 pages if needed.

- \* Since Aug of 2010 - I was given the run around with FMLA approval, my hours worked and my length of emp were inconsistant - Even tho I qualified in the past (7/6/00)
- \* Written up for days that should of been covered under FMLA which aggravated my condition
- \* Aug 2010 I received a letter of termination in the mail for dates covered by HR - in my email I asked HR who I could complain to - I was fired through the mail after that 8/13/11 Barbie Butler
- \* In the operations tower (where we worked) Beth Nacker / Jason Lehman neglected to take care of the HVAC system going down in the tower - The temp would go from 75° to 52° in 30-40mn - this lasted 2 months - which in turn, got me sick (all of us workers) aggravated + accelerated my condition - my hands + feet turned red, blue + white due to extreme temp difference my lack of circulation and my Raynauds - I asked to take FMLA for my last hr of my shift - I was told NO by supervisor Jason Lehman + he yelled in front of everyone working "Go sitdown young lady!" Embarrassing

##### 6. Certification and Signature

By my signature below, I certify that I have read the above complaint, and, under penalties of law, I declare that this complaint is true and correct to the best of my knowledge and belief.

Signature of Complainant or authorized representative

Dafina Foster

Date signed

May 31, 2012

Please complete Equal Rights Process Information Sheet on Page 4

##### 5. Statement of discrimination:

Write a brief, concise statement explaining how you were discriminated against. Give the **date** each action occurred and the **name** of the person who took the action. Explain how each action(s) was related to the box(es) you checked in section #3 on page one. Include more 8 1/2 x 11 pages if needed.

- \* Since Aug of 2010 - I was given the run around with FMLA approval, my hours worked and my length of Emp. were inconsistant - Even tho I qualified in the past (7 box)
- \* Written up for days that should of been covered under FMLA which aggravated my condition
- \* Aug 2010 I received a letter of termination in the mail for dates covered by HR - in my Email I asked HR who I could complain to - I was fired through the mail after that 8/13/11 Barbie Butler
- \* In the operations tower (where we worked) Beth Nacker / Jason Lehrman neglected to take care of the HVAC system going down in the tower - The temp would go from 75° to 52° in 30-40mn - this lasted 2 months - which in turn, got me sick (all of us workers) aggravated + accelerated my condition - my hands + feet turned red, blue + white due to extreme temp difference my lack of circulation and my Raynauds - I asked to take FMLA for my last hr of my shift - I was told NO by supervisor Jason Lehrman + he yelled in front of everyone working "Go sit down young lady!" Embarrasment Jason / Beth would not help to accomodate me!

##### 6. Certification and Signature

By my signature below, I certify that I have read the above complaint, and, under penalties of law, I declare that this complaint is true and correct to the best of my knowledge and belief.

Signature of Complainant or authorized representative

Dafina Roter

Date signed

May 31, 2012

Please complete Equal Rights Process Information Sheet on Page 4

extreme temp differences within  
short periods of time which caused  
acceleration of poor circulation  
Turned hands, fingers, feet & toes  
red, white blue & numb

- \* Harassed for job performance  
for no reason
- \* Violated legal rights for medical info  
I <sup>provided for</sup> ~~gave~~ them, due to being afraid  
of losing job

For my own serious health condition (Medical Leave)

Serious health condition description

Renal Failure - On Kidney Transplant List

I requested Family Leave for the birth or adoption of my child or to care for a seriously ill family member

Verbally  In writing on

Name of individual from whom you requested family leave

Individual's Title

I requested medical leave for my own serious health condition

Verbally  In writing on

Name of individual from whom you requested family leave

BETH NACKER / Barbie Butler / Jason Ishman

Individual's Title

Mgr. HR / Supervisor

I did not request Family or Medical Leave because I was unaware of my rights

also - Eric Kartchner

LOA  
cooled  
by  
Replic

Amount of leave requested

Intermittent for BP Spells and Vomiting/Bile

317-  
471-  
2496

Dates expected to be off work

Intermittent

## 6. Denial of Leave

Date I received notice that my leave request was denied

Several times

Reason employer denied leave request

I was given numerous denials due to their errors in my hour calculations, had to go to several levels of management to get it straight - was approved and they wouldn't back date same absences and kept harassing me when ill and constantly writing me up

Date rights were violated

Several dates - I have all emails printed/dated from HR + management

Reason I believe my rights under the Family and Medical Leave Act were violated

Frontiers management was trying to push me out due to my health condition and my state of mind - I received termination papers in the mail when my dates were covered by HR. I cooled into a supervisor and have all emails printed from HR. Little did I know at

By my signature below, I, or my authorized representative, state that I have read and understand this complaint and swear that it is true to the best of my knowledge and belief.

Complaint or Complainants Representative Signature

Daphne Butler

Date Signed

4-24-12

The Department of Workforce Development is an equal opportunity service provider. If you need assistance to access services or material in an alternate format, please contact us.

the  
time  
that  
Frontier  
was  
in  
trouble.

\* I would also like to press charges against Milwaukee County for not fixing the HVAC system for several months which made me sick in the first place for the dates I was terminated under FMLA and/or condition

# Family and Medical Leave Complaint

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Provide all information requested. Type or print in black ink

## 1. Complainant Information

First Name <b>Dafina</b>		
Middle Name or Initial <b>Aurora</b>		
Last Name <b>Roter</b>		
Street Address <b>26151 S. WindLake Rd</b>		
City <b>WindLake</b>	State <b>WI</b>	Zip Code <b>53185</b>
Home Telephone Number <b>(414)-241-6664</b>		
Work Telephone Number <b>( ) Ext. —</b>		

## 2. Respondent Information

Name of the business you believe violated the law. Name only one Respondent per form. Do not name an individual person. <b>Frontier Airlines/Republic Holding General Mitchell Airport</b>		
Street Address <b>5300 S. Howell Ave</b>		
City <b>Milwaukee</b>	State <b>WI</b>	Zip Code <b>53207</b>
Telephone Number <b>(414)-747-5300</b> Ext. <b>—</b>		
County where the violation took place <b>Milwaukee County</b>		

## 3. Employment Status

First date of employment with this employer (mm/dd/yyyy) <b>09/08/2003</b>	
I have worked more than 52 continuous weeks for this employer at one or more of its locations or departments <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
I have worked at least 1000 hours for this employer during the last 52 weeks <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
A total of at least 50 people work for this employer at all of its locations <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

## 4. Previous Family and Medical Leave Use

I have used Family or Medical Leave during the current calendar year <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much leave did you take and for what reason <b>Since August of 2010 / on Transplant list as of October 2010 at Froedtert Hosp</b>	
--	--

My employer has a poster displayed explaining my rights under the Wisconsin Family and Medical Leave Act  
 Yes  No

## 5. Present Leave Request. I have requested leave for the following reason (check appropriate answer)

<input type="checkbox"/> For the birth or adoption of my child (Family Leave)	
<input type="checkbox"/> To care for a seriously ill child, spouse, parent or parent-in law (Family Leave)	
Name of individual with serious health condition	Individual's relationship to you
Serious health condition description	

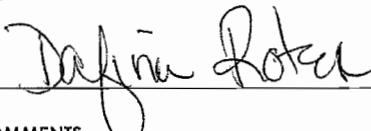
## EMPLOYEE ACKNOWLEDGEMENT

I acknowledge and understand the following:

The information in this document was discussed with me and my signature indicates that I have received a copy of the Disciplinary Action Record, but does not necessarily mean that I agree with this action or the reasons given for it.

Failure to improve my performance and/or behavior as described may result in further action, including termination

EMPLOYEE  
SIGNATURE



DATE

7/21/11

EMPLOYEE COMMENTS

THESE ATTENDANCE WRITE UPS ARE DUE TO BEING ON THE  
KIDNEY TRANSPLANT LIST - UNTIL I GET SICK - I HAD ALMOST  
PERFECT ATTENDANCE.

Original to HR; copy to employee; copy to performing supervisor

REPUBLIC AIRWAYS

PERFORMANCE  
COUNSELING RECORD

EMPLOYEE NAME	Dafina Roter	DATE	07-21-11
DEPARTMENT / LOCATION	MKE Ops Tower	POSITION	Ops Agent
		EE#	417671

## TYPE OF PERFORMANCE COUNSELING:

**Verbal Warning**       **Written Warning**       **Final Warning / Suspension**

(Refer to Employee Handbook or Dept. specific guidelines for information regarding performance and conduct)

Was EAP offered?       YES       NO  
Was FMLA discussed?       YES       NO

If you or a qualifying family member has a serious health condition, you may qualify for FMLA and should request information from your supervisor.

## REASON(S) FOR PERFORMANCE COUNSELING (Be specific, refer to previous performance counseling as appropriate.)

On 06/07/11 you were scheduled 0500-0900 and did not advise us prior to the start of your shift that you were ill. You communicated later in the day that you had called the operations tower sick call line but we received no message. On 07/19/11 you were scheduled 0500-0900 and did not advise us prior to the start of your shift that you were ill. You again communicated later in the day that you had called the operations tower sick call line but we received no message. The line had been tested in both occasions and accepted messages.

## EXPECTATION(S) FOR SUSTAINED CHANGE IN BEHAVIOR AND/OR PERFORMANCE

Per the Customer Service Attendance policy noted in the Customer Service Department Handbook, section 8.02, an employee must notify his manager prior to the beginning of a scheduled shift if he will be absent as defined above. An employee should work with his manager to assure he fully understands how to report late arrival or illness locally. The call in policy will differ from station to station and it is the employee's responsibility to be aware of local procedures.

Unless otherwise indicated, all warnings / corrective actions remain effective for one (1) year.

You are expected to immediately take whatever action is necessary to meet the expectations for sustained change in your behavior and/or performance as outlined in this document. If, at any time during the warning period or thereafter, you fail to meet expectations or fail to make sufficient and sustained progress toward meeting stated expectations, additional action may be taken, up to and including termination of your employment.

Issued by:

SUPERVISOR NAME/SIGNATURE

*Beth Nacker*      *beth Nacker*      DATE 7/21/11

PRINT

SIGN

Employee acknowledgement on back of sheet.

REPUBLIC AIRWAYS

# PERFORMANCE COUNSELING RECORD

<b>EMPLOYEE NAME</b>	<u>Dafina Roter</u>	<b>DATE</b>	<u>8/5/11</u>
<b>DEPARTMENT / LOCATION</b>	<u>MKE Ops Tower</u>	<b>POSITION</b>	<u>Ops Agent</u>
			<b>EE#</b> <u>417671</u>

**TYPE OF PERFORMANCE COUNSELING:**

**Verbal Warning**       **Written Warning**       **Final Warning / Suspension**

(Refer to Employee Handbook or Dept. specific guidelines for information regarding performance and conduct)

Was EAP offered?       YES       NO

Was FMLA discussed?       YES       NO

If you or a qualifying family member has a serious health condition, you may qualify for FMLA and should request information from your supervisor.

**REASON(S) FOR PERFORMANCE COUNSELING** (Be specific, refer to previous performance counseling as appropriate.)

On 08/02/11, you were scheduled 0900-1200 for training and did not advise us prior to the start of your shift that you would not be in. The trainer sent you a text message at 0910 of which you responded at 0925 that you just woke up and that you would not be coming because your daughter was ill. Instead of calling the ops supervisor on duty, you sent your direct supervisor who was off that day a text message at 0955 that you would not be in. On 07/21/11 you were counseled and received a written warning for not following proper call in procedures.

**EXPECTATION(S) FOR SUSTAINED CHANGE IN BEHAVIOR AND/OR PERFORMANCE**

Per the Customer Service Attendance policy noted in the Customer Service Department Handbook, section 8.02, an employee must notify his manager prior to the beginning of a scheduled shift if he will be absent as defined above. An employee should work with his manager to assure he fully understands how to report late arrival or illness locally. The call in policy will differ from station to station and it is the employee's responsibility to be aware of local procedures.

Unless otherwise indicated, all warnings / corrective actions remain effective for one (1) year.

You are expected to immediately take whatever action is necessary to meet the expectations for sustained change in your behavior and/or performance as outlined in this document. If, at any time during the warning period or thereafter, you fail to meet expectations or fail to make sufficient and sustained progress toward meeting stated expectations, additional action may be taken, up to and including termination of your employment.

Issued by:

**SUPERVISOR NAME/SIGNATURE**

Beth Nacker      Beth Nacker      **DATE** 8/5/11

PRINT

SIGN

Employee acknowledgement on back of sheet.

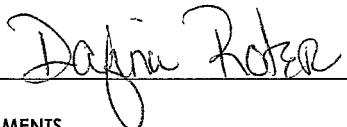
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I acknowledge and understand the following:

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Failure to improve my performance and/or behavior as described may result in further action, including termination

EMPLOYEE  
SIGNATURE



DATE

8/5/11

EMPLOYEE COMMENTS

Original to HR; copy to employee; copy to performing supervisor

October 7, 2010

9200 West Wisconsin Avenue  
Milwaukee, WI 53226-3596



Dafina A. Roter  
25501 W. Loomis Road  
Wind Lake, WI 53185

414-805-3666 Patient Access  
800-272-3666  
414-805-4700 Physician Access  
877-804-4700  
froedtert.com

MR# 00721687  
DOB [REDACTED]/1974

Dear Ms. Roter,

I am writing to confirm that you have been added to Froedtert Hospital's Kidney Transplant Waiting List on October 7, 2010. At this time, you have agreed to list for the following donor types: Expanded Criteria Donor. You may contact me at any time to change your donor acceptance criteria.

When an organ is found you need to be prepared to come in to the hospital day or night. Government regulations, (UNOS), require us to contact you within one hour of the time we are notified of a potential donor for you; therefore it is absolutely necessary that you contact us with any changes of phone number, address or contact numbers. If we cannot contact you within that one-hour time limit, we must move on to the next recipient on the list.

**While on the waiting list, you need to remain transplant ready by updating the following:**

- Routine dental care every six to twelve months.
- Yearly pelvic/Pap due September 2011.
- Yearly mammogram due September 2011.
- Yearly stress test due September 2011.
- Yearly visit with the transplant team due September.

You will be contacted with a reminder when these are due.

**We are here to provide whatever support we can, but we need your help. It is important that you contact us when any of the following occur:**

- If you are admitted to the hospital.
- If you receive any blood transfusions.
- If you change dialysis units.
- If you are going on vacation.
- If you change your insurance carrier.
- If your address or phone number changes.
- If your emergency contact information changes.

## Roter Velyov,Dafina A [1385530] - DOB: 10/21/1974 - Flowsheet

Component	Latest Ref Rng	4/17/2013
GLOBULIN	2.0 - 4.0 g/dL	3.7
A/G RATIO, SERUM	1.0 - 2.4	1.4
PROTEIN, URINE (TOTAL)	<12 mg/dL	13 (H)
CREATININE, URINE (TOTAL)		43.99
PROTEIN/CREATININE RATIO	<200 mgPR/gCR	296 (H)
COLOR	YELLOW	YELLOW
CLARITY		CLEAR
GLUCOSE(URINE)	NEGATIVE mg/dL	NEGATIVE
BILIRUBIN	NEGATIVE	NEGATIVE
KETONES	NEGATIVE mg/dL	NEGATIVE
SPECIFIC GRAVITY	1.005 - 1.030	1.010
BLOOD	NEGATIVE	NEGATIVE
pH	5.0 - 7.0 Units	5.5
PROTEIN(URINE)	NEGATIVE mg/dL	NEGATIVE
UROBILINOGEN	0.0 - 1.0 mg/dL	0.2
NITRITE	NEGATIVE	NEGATIVE
LEUKOCYTE ESTERASE	NEGATIVE	NEGATIVE
URINE TYPE		URINE, CLEAN CATCH/MIDSTREAM
FASTING STATUS		FASTING
CHOLESTEROL	100 - 200 mg/dL	152
CALCULATED LDL	<130 mg/dL	78
HDL	>39 mg/dL	53
TRIGLYCERIDE	<150 mg/dL	105
CALCULATED NON HDL		99
CHOL/HDL	<4.5	2.9
PARATHYROID HORMONE ✓	14 - 72 pg/mL	154 (H)
PTH CALCIUM	8.4 - 10.2 mg/dL	9.6
PATH REPORT, PAP		Name: ROTER VELYOV, DAFINA A. MRN: 1385530 ...



## Symptoms of Hyperparathyroidism.

Parathyroid disease (hyperparathyroidism) causes symptoms in most people, but it will expectancy in all patients by about 5-6 years if the parathyroid tumor is not removed. The symptoms associated with disease of the parathyroid glands (hyperparathyroidism). Hyperparathyroidism don't feel well. Parathyroid tumors take away the "joy of life"

[Home](#)

Since parathyroid gland disease (hyperparathyroidism) was first described symptoms have become known as "moans, groans, stones, and bones... overtones". Nearly all patients with parathyroid problems have symptom symptoms are really obvious, like kidney stones, frequent headaches, fatigue. Sometimes the symptoms are not so obvious, like high blood pressure and concentrate. If you have symptoms, you are almost guaranteed to feel relief when your parathyroid tumor has been removed. As we often tell our patients: "you will feel great after a 16 minute mini-procedure will change your life!"

[Symptoms](#)

Hyperparathyroidism is an interesting disease in that it can show up in many people. Sometimes it makes people miserable within the first year or two because of high blood calcium. Other times it can go 6-8 years without causing too many problems, like bad memory, kidney stones, and osteoporosis. But make no mistake about it, this tumor kills people--it just takes 20 years to do so. We have taken care of tens of thousands of patients with primary hyperparathyroidism and we can't remember seeing a patient who has lived with this disease for more than 25 years. We have only seen a handful who have lived 20 years with this tumor. They have all died of heart failure, breast or prostate cancer, kidney failure, or heart attack. Hyperparathyroidism is a simple benign disease that will slowly take away the "joy of life" while it does so. It will make you miserable and you will feel bad. how this hormone-producing tumor makes you feel bad. The good news is that this tumor is typically very easy to cure!

[MIRP Mini Surgery](#)

*"There is no other disease that is so easy to cure which has such a dramatic effect on a person's overall health and their quality of life"* Dr James Norman, 2011 add. Surgeons.

[Parathyroid Pictures](#)

[Osteoporosis](#)

[Who Gets It?](#)

[Finding the Tumor](#)

[Teaching Videos](#)

### Symptoms of Parathyroid Disease (Hyperparathyroidism)

- Loss of energy. Don't feel like doing much. Tired all the time. Can't sleep well.
- Just don't feel well; don't quite feel normal. Hard to explain but feel like you are not functioning well.
- Feel old. Don't have the interest in things that you used to.
- Can't concentrate, or can't keep your concentration like in the past.
-

[Do I Have Just One?](#)[What Causes It?](#)[Sestamibi Scan](#)[Surgery Cure Rates](#)[Frequent Questions](#)[High Blood Calcium](#)[Low Vitamin D](#)[Normal Calcium Range](#)[Diagnosis-ADVANCED](#)[10 Parathyroid Rules](#)[Symptom Cartoon](#)[Sensipar](#)[Parathyroid Cancer](#)[Re-Operate](#)[FHH](#)[What Patients Say](#)[Table of Contents](#)[Patient Map](#)[Dr. Norman](#)[Become A Patient](#)

## Depression.

- Osteoporosis and Osteopenia.
- Bones hurt; typically it's bones in the legs and arms but can be r
- Don't sleep like you used to. Wake up in middle of night. Troubl
- Tired during the day and frequently feel like you want a nap (bu
- Spouse claims you are more irritable and harder to get along wit
- Forget simple things that you used to remember very easily (woi
- Gastric acid reflux; heartburn; GERD.
- Decrease in sex drive.
- Thinning hair (predominately in middle aged females on the fror
- Kidney Stones (and eventually kidney failure).
- High Blood Pressure (sometimes mild, sometimes quite severe; t
- Recurrent Headaches (usually patients under the age of 40).
- Heart Palpitations (arrhythmias). Typically atrial arrhythmias.
- Atrial Fibrillation (rapid heart rate, often requiring blood thinne
- High liver function tests (liver blood tests).
- Development of MGUS and abnormal blood protein levels.

Most people with hyperparathyroidism will have 5 - 6 of these symptoms of them. A few people will say they don't have any... but after an often say otherwise. 95% of people with hyperparathyroidism will have symptoms. In general, the longer you have hyperparathyroidism, the more you will develop.

Not sure if you have a parathyroid problem? Download the [CalciumPrc](#) our expert doctors. This is an app that can save your life, so spend the graph analyze your lab tests. It will be the best app you ever bought.

If you have a parathyroid problem, go through this list with your family. Frequently they will notice subtle changes in your personality over the past few months. They will say that you have become tired and run-down, without the energy. They will also confirm that you have become a little more "cranky" over the past few months. After an honest discussion with them and you will be surprised what you may learn. The reason for these changes in your personality is that you have a parathyroid tumor causing your brain and nervous system to react to the high calcium. The tumor can almost always be fixed in 20 minutes or less. A simple procedure that can change your life.

It is important to know that patients with un-treated primary hyperparathyroidism live an average of 5-6 years earlier than their peers, due to increased rates of heart disease and several types of cancers (discussed more at the bottom of this page). Hyperparathyroidism is a more deadly disease than high cholesterol. Thus, if you have hyperparathyroidism, consider an operation in your future to remove the hormone producing tumor so you live longer.

**THIS SECTION ON PARATHYROID SYMPTOMS CANNOT BE STRESSED ENOUGH**

Roter Velyov,Dafina A [1385530] - DOB: [REDACTED] /1974 - Flowsheet

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